



HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

(To be filed by elected officials, state employees, and board and commission members)

(Information on This Page Will Only Be Used Internally)

HAWAII STATE ETHICS COMMISSION 1001 Bishop Street, ASB Tower Suite 970 Honolulu, Hawaii 96813 (P.O. Box 616, Honolulu, Hawaii 96809) Telephone: (808) 587-0460 Fax: (808) 587-0470 email: ethics@hawaiiethics.org web site: www.hawaii.gov/ethics		For Office Use Only DATE REC'D: FILE NO.:	
IMPORTANT: Please read instructions carefully before filling out this form.			
FULL NAME (Last, First, Middle)			
SPOUSE'S FULL NAME (Last, First, Middle)			
DEPENDENT CHILDREN'S FULL NAMES (Last, First, Middle)			
RESIDENCE ADDRESS			
MAILING ADDRESS			
BUSINESS TELEPHONE	STATE <u>DEPARTMENT/DIVISION</u> OR <u>BOARD/COMMISSION</u>		
RESIDENCE TELEPHONE	STATE POSITION HELD	TERM OF OFFICE: (mm/dd/yy) Begin: End:	

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

NAME (Last, First, Middle) 	STATE POSITION HELD: (Dept/Div or Board/Commission) TERM OF OFFICE (Begin/End): /
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Check either number 1 or 2. If you check number 2, provide the relevant information.

1. ☐ **I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING**

2. ☐ **I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING.**
FOR EACH ITEM, DISCLOSE ADDITIONS, DELETIONS, OR CHANGES IN INTERESTS OF FILER, SPOUSE AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer. Use "A" for any additions in interests, "D" for any deletions, and "C" for any other changes.

<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>

<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>

CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE (Note: This filing is not valid without a signature.)

DATE